

2349

FILL OUT ALL BLANKS. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained, insert word "unknown". Make every effort possible to secure correct information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 51	
ORIGINAL CERTIFICATE OF DEATH		County Registrar's No. 146	
Local Registrar's - No.			
County	Cochise	No. 51	
District		County Registrar's No. 146	
Town	Tombstone	Local Registrar's - No.	
Or City			
No. _____ St. _____			
(If death occurred in a hospital or institution, give its NAME instead of street and number.)			
FULL NAME Mrs. Daisy Burnett			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX	Color or Race	DATE OF DEATH	
Female	White Indian	3 21 1923	
	Black Chinese	(Month) (Day) (Year)	
	Mexican		
DATE OF BIRTH	SINGLE MARRIED WIDOWED or DIVORCED	I hereby certify that I attended deceased from _____	
1885		1923 to _____ 1923; that I last saw him alive	
(Month) (Day) (Year)		on _____ 1923, and that death occurred on the date	
AGE	If less than 1 day	stated above at _____ The DISEASE or INJURY	
38 yrs. mos. days	hrs. or min.	causing death was as follows:	
OCCUPATION		(Duration) yrs. mos. days	
(a) Trade, profession or particular kind of work	Housewife	Was disease contracted in Arizona?	
(b) General nature of industry, business, or establishment in which employed or (employer)		If not, where?	
BIRTHPLACE		CONTRIBUTORY	
(State or Country)	Arizona	(Duration) yrs. mos. days	
NAME OF FATHER	John Thomas	(Signed) _____	
BIRTHPLACE OF FATHER	Missouri	5-23-1923 (Address) _____	
(State or Country)		If death from violent causes state (1) means of injury, and	
MAIDEN NAME OF MOTHER	Mrs. _____	(2) whether Accidental, Suicidal or Homicidal.	
BIRTHPLACE OF MOTHER	Texas	LENGTH OF RESIDENCE	
(State or Country)		At place of death yrs. mos. ds. In Ariz. yrs. mos. ds.	
The Above is True to the Best of My Knowledge.		Former or Usual Residence	
(Informant)	Jane Adams	Filed _____	
(Address)	Flagstaff, Arizona	1923 _____ Local Registrar	
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL OR REMOVAL	County Registrar	
Tombstone, Ariz.	3-23-1923	4-4-1923 _____	
UNDERTAKER	ADDRESS		
E. C. Porter	Flagstaff, Ariz.		